Ca SENDER: COMPLETE THIS SECTION DOC	COMPLETE THIS SECTION ON DELIVERY 8 Page 1 of
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. A. Signature D. Agent Addressee Addressee C. Date of Delivery 21212109 D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Leura G. Canary United States Attorney	Mmc3876#148FR
Montgomery, AL 36104	3. Service Type Descriffed Mail Registered Results Feturn Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007	2680 0003 1841 7190

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540